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Christopher R. Carroll Bestehn (Sàgs R. Canall June 22, 2005 (Date

|   | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR  | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |
|---|-----------------|-------------|-----------------------|---------------------|------------------|--|
| , | 09/473,003      | 12/28/1999  | MAQBOOLAHMED S. PATEL | 15-IS-5283          | 9475             |  |

TITLE OF INVENTION: INTEGRATED DATA CONVERSION AND VIEWING STATION FOR MEDICAL IMAGES

| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMALL ENTITY                                                                                    | issue fi                                                                                       | FEE PUBLICATION FÉÉ                                                                                                                              | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | DATE DUE                                  |                                                    |  |
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| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NO                                                                                              | \$1400                                                                                         | )                                                                                                                                                | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$1400                                                                |                                           | 08/11/2005                                         |  |
| EXAMINER KIM, CHONG R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 | ART UNIT<br>2623                                                                               |                                                                                                                                                  | CLASS-SUBCLASS<br>382-128000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                                                     |                                           |                                                    |  |
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| R 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indicated PTO/SB/47; Rev 03-02 Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  General Electrical Courts of the Court of the Courts of the C | EE<br>Ectric Company                                                                            | Correspondence stion form e of a Customer  E PRINTED ON T elow, no assignee of this form is NO | (1) the may or agents or agents (2) the may registered 2 registered 12 registered 2 registered that will app T a substitute (3) RESIDENCE Schene | cent on the patent. If an assign for filing an assignment.  CE: (CITY and STATE OR COLUMN COL | at attorneys a member a les of up to no name is les is identification | Malloy,<br>Peter J<br>Michael<br>Michael  | A. Dellapenr                                       |  |
| tase check the appropriate<br>The following fee(s) are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                                                | . Payment of                                                                                                                                     | patent): Individual 🖺 🔾                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | aporation or                                                          | ouser private gro                         | penaly Coverance                                   |  |
| Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | cuciosed:                                                                                       | ***                                                                                            |                                                                                                                                                  | in the amount of the fee(s) is on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | elosed.                                                               |                                           |                                                    |  |
| Publication Fee (No small entity discount permitted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |                                                                                                | Payment by credit card. Form PTO-2038 is attached.                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                           |                                                    |  |
| Advance Order - # 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | f Copies                                                                                        |                                                                                                | The Dir                                                                                                                                          | ector is hereby authorized by count Number 502401                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | harge the req                                                         | uired fee(s), or o<br>close an extra co   | redit any overpayment,<br>py of this form).        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (from status indicated above MALL ENTITY status. See                                            | -                                                                                              | ☐ b. Applie                                                                                                                                      | cant is no longer claiming SMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LL ENTITY:                                                            | ntama. See 37 CF                          | R 1.27(g)(2).                                      |  |
| e Director of the USPTO<br>TE: The Issue Fee and P<br>crest as shown by the rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | is requested to apply the Iss<br>sublication Fee (if required)<br>ords of the United States Pat | ue Fee and Publica<br>will not be accepted<br>ent and Trademurk                                | tion Fee (if and from anyon)<br>Office,                                                                                                          | ay) or to re-apply any previous<br>e other than the applicant; a reg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | y paid issue f<br>istered attorne                                     | ce to the applicat<br>ry or agent; or the | ion identified above.<br>e assignee or other party |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Churtoshu R. Ca                                                                                 | voll                                                                                           |                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e 22, 2                                                               |                                           |                                                    |  |
| Typed or printed name (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Christopher R.                                                                                  | Carroll                                                                                        |                                                                                                                                                  | Respistration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | No. 52,7                                                              | 00                                        |                                                    |  |

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Telephone: 312/775-8000 Facsimile: 312/775-8100

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Examiner Kim, Chong R. Application No. 09/473,003 Attorney Docket No. 15-IS-5283

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